

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 08 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006152 (2)
1. Corporation Name
CECO CONCRETE CONSTRUCTION CORP.



Principal Place of Business: **2900 BROOKTREE LANE
GLADSTONE MO 64119**
Mailing Address: **2900 BROOKTREE LANE
GLADSTONE MO 64119-1873**

3. Date Incorporated or Qualified: **12/01/1994** 3a. Date of Last Report: **04/15/1996**
4. FEI Number: **36-3988887** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State: Apt #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 PINE ISLAND RD
PLANTATION FL 33324**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstalling) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE WEISS	1.2 NAME	
STREET ADDRESS	1420 HAZEL AVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	DEERFIELD IL	1.4 CITY- ST- ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADOWS, S.H.	2.2 NAME	
STREET ADDRESS	227 W. MONROE ST	2.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL 60606	2.4 CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIES, L.W.	3.2 NAME	
STREET ADDRESS	4225 NAPERVILLE RD	3.3 STREET ADDRESS	
CITY- ST- ZIP	LISLE IL	3.4 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, D.	4.2 NAME	
STREET ADDRESS	4225 NAPERVILLE RD	4.3 STREET ADDRESS	
CITY- ST- ZIP	LISLE IL 60532	4.4 CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CISCK, DONALD J.	5.2 NAME	
STREET ADDRESS	5701 COVEVIEW COURT	5.3 STREET ADDRESS	
CITY- ST- ZIP	PARKVILLE MO	5.4 CITY- ST- ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUSTER, RONALD W.	6.2 NAME	
STREET ADDRESS	2321 UNIVERSITY COURT	6.3 STREET ADDRESS	
CITY- ST- ZIP	NAPERVILLE IL	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ (Signature of George Weiss)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)